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CONFIRMATION NO. 5240

<b>SERIAL NUMBER</b> 10/705,701	<b>FILING OR 371(c) DATE</b> 11/12/2003 <b>RULE</b>	<b>CLASS</b> 512	<b>GROUP ART UNIT</b> 1743	<b>ATTORNEY DOCKET NO.</b>
<b>APPLICANTS</b> Christine L. Knapp, Coos Bay, OR;				
<b>** CONTINUING DATA *****</b>				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> ** 02/10/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>[Signature]</i> PSH Examiner's Signature Initials		<b>STATE OR COUNTRY</b> OR	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 22 21
				<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 41131				
<b>TITLE</b> Aromatherapeutic articles and <i>methods</i> <sup>7/20/07</sup> <del>methods</del> of use thereof				
<b>FILING FEE RECEIVED</b> 446	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	